IAU/1653

## **CERTIFICATE OF MAILING UNDER 1.8**

I hereby certify that this paper or fee is being deposited with the United States Postal Service with sufficient postage with service under 37 C.F.R. 1.8 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Signature

2/8/14 Mate

AUG 1 1 2005

Patent / Docket No. <u>36677.8 (4050.001100)</u> Customer No. 000027683

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Mark Leslie Smythe, et al.

Serial No. 09/787,840

Serial No. 09/787,840

Examiner: Kam, Chih Min

Filed: July 6, 2001

FORMATION

SCONFIRMATION

Confirmation No.: 88048

Eraminer No.: 88048

FORMATION

SCONFIRMATION

SCONF

## **TRANSMITTAL**

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed are the following regarding the above-identified patent application:

- 1. Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address; and
- 2. Return Postcard.

The Commissioner is hereby authorized to charge payment of any further fees associated with any of the papers submitted herewith or to credit any overpayment to Deposit Account No. 08-1394.

Respectfully submitted,

Mark D. Moore, Ph.D.

Reg. No. 42,903

Date:

HAYNES AND BOONE, LLP 901 Main Street, Suite 3100

8 AUGUST 2005

Dallas, Texas 75202-3789

Telephone: 713-547-2040 Facsimile: 214-200-0853

H-563812\_1.DOC

PTO/\$8/82 (09-04) Approved for use through 11/30/2005, OMB 0851-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF **ATTORNEY WITH NEW POWER OF ATTORNEY** AND

CHANGE OF CORRESPONDENCE ADDRESS

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number 09/787840 Filing Date September 24, 1999 First Named Inventor Mark Leslie Smythe Art Unit <u>Unknown</u> Examiner Name Unknown Attorney Docket Number 4050.001100

| I hereby r  | evoke all n                               | revious powers of                              | 240-mar alive         | - !- Ala a   |                            |                              |                |                          |  |
|---|---|--|-----------------------|--------------|----------------------------|------------------------------|----------------|--------------------------|--|
| 1,1,0,0,0,7,1   | evoke all pi                              | revious powers of                              | attorney giver        | 1 In the     | above-                     | identified appl              | ication.       | <u> </u>                 |  |
| ☐ A Po  | ower of Attor                             | ney is submitted he                            | rewith.               |              |                            |                              |                |                          |  |
| OR -  |   | ···· - · ·                                     | ·- · · - · · ·        |              | -                          | ·                            |                |                          |  |
| X   her   | reby appoint                              | t the practitioners associated with the Custor |                       |              | omer Nu                    | umber: 000027683             |                |                          |  |
| PLEASE CHANGE ATTORNEY DOCKET NO. TO:36677.08   |   |  |                       |              |                            |                              |                |                          |  |
| X Please change the correspondence address for the above-identified application to:   |   |  |                       |              |                            |                              |                |                          |  |
| <b>⊠</b> ⊺  |   | associated with                                |                       |              |                            |                              |                |                          |  |
|   | n or<br>vidual Name Haynes and Boone, LLP |  |                       |              |                            |                              |                |                          |  |
| Address   | 901 Main Street, Suite 3100               |  |                       |              |                            |                              |                |                          |  |
| City  |   | Dallas   | Sta                   |              | Texas                      |                              | Zip            | 75202-3789               |  |
| Country   |   | USA  |                       |              |                            |                              |                |                          |  |
| Telephone   |   | 713-547-2040                                   |                       | Fax          | 214-200-08                 | 214-200-0853                 |                |                          |  |
| I am the:   |   |  |                       |              |                            |                              |                |                          |  |
| Applicant/Inventor.   |   |  |                       |              |                            |                              |                |                          |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |   |  |                       |              |                            |                              |                |                          |  |
| SIGNATURE of Applicant or Assignee of Record  |   |  |                       |              |                            |                              |                |                          |  |
| Signature   | Douglas to le I                           |  |                       |              |                            | The University of Queensland |                |                          |  |
| Name Douglas Porter   |   |  |                       |              |                            |                              |                |                          |  |
| Date  | <u> </u>                                  |  |                       |              | Telephone + 61 7 3365 1310 |                              |                |                          |  |
| NOTE: Signetures of all the inventors or assignees of record of the satire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |  |                       |              |                            |                              |                |                          |  |
| Total o   |   | orma are submitted.                            |                       |              |                            |                              |                |                          |  |
| I TIS COMBCDON OF   | uniormation is req                        | ulred by 37 CFR 1,36. The                      | information la requir | ed to obtain | n or relate s              | Liganit by the cubile        | salalate de 4- | Ole design to the blooms |  |

this collection of information is required by 37 CFR 1,38. The information is required to obtain or retain a literality by the public which to to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is eatimeted to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.